

2008 Tackle Football Registration Form
Mt. Vernon Parks & Recreation Wildcat Youth Football
3rd, 4th, 5th and 6th Graders

Please fill out this form and return to the Parks & Recreation Department Office, 118 Main Street (located upstairs at the Skating Rink) or mail to P. O. Box 324, Mt. Vernon, Indiana 47620. Office hours are Monday - Friday from 8 a.m. to 5 p.m. [closed for lunch from 12 - 12:30 p.m.] All registrations are due by Friday, August 15th, 2008. There will be evaluations and equipment fittings on Saturday, August 16th from 9-11am at the High School. **NO registrations will be accepted after this date.** Fees: \$60 per participant (\$30 second child)

Name _____ Grade _____

Address _____

Phone _____ D.O.B. _____ Age _____

T-shirt size (circle one): YS YM YL S M L XL

Requesting League: Tackle (3rd-4th) or Cub (4th-6th)

(4th graders are subject to evaluation by Advisory Committee and could be placed in either the Tackle or Cub League. 4th graders could be moved up or down depending on numbers in each league to keep leagues balanced.)

Team (Last Year): _____

Parent Permission:

I hereby grant permission for my child _____ to participate in the Youth Tackle Football program. I will assume all responsibility and obligations for my child in case of injury or accident sustained during participation in this program. I will release the Mt. Vernon Parks Board, Department, MSD of Mt. Vernon and all other paid and voluntary personnel from any and all obligation during the course of the program. We will all try to work together to build a fine program for all of the youth involved. **Further**, we assume responsibility for equipment issued [i.e. helmet, shoulder pads, pants w/pads] and agree to reimburse Parks Dept. of \$150 if not returned upon completion of season.

Parent Signature _____

Parent Name Printed _____

Contact Information:

Father: Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother: Home Phone: _____ Work Phone: _____ Cell Phone: _____

Guardian: Home Phone: _____ Work Phone: _____ Cell Phone: _____

e-mail _____ (for P & R distribution lists only)

Will you: Coach? yes no Assist Coach? yes no

Rec. # _____ Date Rec'd _____ By _____